Department of Economic Development

Missouri Form 447-A

BROWNFIELD REDEVELOPMENT PROGRAM APPLICATION FOR SUBSEQUENTLY CLAIMING BROWNFIELD TAX BENEFITS OR REMEDIATION TAX CREDITS

READ PAGES 4–6 OF INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

ALL NECESSARY FORMS (SEE INSTRUCTIONS) MUST ACCOMPANY THIS APPLICATION WHEN SUBSEQUENTLY CLAIMING REMEDIATION TAX CREDITS. WHEN CLAIMING BROWNFIELD TAX BENEFITS, THIS APPLICATION MUST BE FILED IN THE SUBSEQUENT TAX PERIOD.

FOR CALENDAR YEAR _____ OR TAX YEAR BEGINNING _____ _____, _____, ENDING _____ _____, _____

FOR EITHER REMEDIATION TAX CREDITS OR BROWNFIELD TAX BENEFITS:

PLEASE TYPE OR PRINT	NAME OF ELIGIBLE PROJECT				FEDERAL I.D. NO. AND
	ADDRESS OF ELIGIBLE PROJECT (STREET AND P.O. BOX)				TAXPAYER FEDERAL I.D. NO. AND
	CITY	COUNTY	STATE	ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

FOR BROWNFIELD TAX BENEFITS ONLY:

PLEASE TYPE OR PRINT	NAME OF BUSINESS				FEDERAL I.D. NO. AND
	ADDRESS OF BUSINESS (STREET AND P.O. BOX)				TAXPAYER FEDERAL I.D. NO. AND
	CITY	COUNTY	STATE	ZIP CODE	MISSOURI TAX I.D. NO. (MITS)

1. Attach Missouri Schedule 447-E (see instructions), and if necessary, a copy of the "No Further Action" letter or covenant not to sue.

2. Name and mailing address if different than above.

   _____
   Name

   _____
   Address (Street, P.O. Box, City, State, Zip Code)

3. Name, address and telephone of person completing application.

   _____
   Name Telephone Number

   _____
   Address (Street, P.O. Box, City, State, Zip Code)

4. Business entity for tax purposes (see instructions):

   4a. ☐ Corporation 4b. ☐ Limited Liability Co. 4c. ☐ Individual Proprietorship 4d. ☐ Partnership 4e. ☐ S-Corp.

NOTE: If the taxpayer is a Partnership or S-Corporation, identify the names, social security number and proportioned share of ownership of each partner or shareholder as of the last day of the tax period. Aggregate proportionate shares or percent of total ownership may not exceed 100%. Attach a separate sheet if necessary.

NAME(S)	SOCIAL SECURITY NO.(S)	% OWNERSHIP YEAR END
	--- ---	%
	--- ---	%
	--- ---	%
	--- ---	%

5. Does the taxpayer requesting these benefits have interest(s) in any other BUSINESS(ES) in MISSOURI that FILED A SINGLE MISSOURI RETURN WITH THIS ELIGIBLE PROJECT OR BUSINESS LOCATED AT THE ELIGIBLE PROJECT FOR THIS TAX PERIOD? ANSWER "YES" IF A SINGLE MISSOURI RETURN IS FILED FOR THESE BUSINESSES FOR THIS TAX PERIOD. ☐ Yes ☐ No

5a. List names and federal identification numbers (FEIN) of other businesses FILING SINGLE MISSOURI RETURN WITH THIS FACILITY:

6. Does the taxpayer of this eligible project or business located at this eligible project operate any other BUSINESS(ES) in MISSOURI besides this eligible project? ANSWER "YES" ONLY IF A SINGLE MISSOURI RETURN IS FILED FOR THESE FACILITIES FOR THIS TAX PERIOD. ☐ Yes ☐ No

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE	DATE	PREPARER'S SIGNATURE	DATE

MAIL ALL CLAIMS FOR TAX BENEFITS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.

Revised: 2/99